

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS CUMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(1) po of 1 min on			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Dela Cruz	Donalyn		808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
Pacific Management Consultants, Inc.			808-536-5688	
MAILING ADDRESS (Street)			FAX	
84 N. King Street			808-536-5720	
(City)	(State)		(Zip Code)	
Honolulu,	HI		96817	

PART II ORGANIZATIOI	V		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaii Maritime Center	808-8523-6151		
MAILING ADDRESS (Street)	FAX		
Pier 7, 191 Ala Moana B	808-536-1519		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Jennifer M.L. Chock Woo	808-847-8269		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street		808-841-8968	
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	✓ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Onl. (DlC)						
(Signature of Lobbyist)			(Date)			
<u> </u>	<u> </u>		(Date)			
PART V AUTHORIZATIO	N TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Jennifer ML Chock Woot	ooton Vice President of Governmental Affairs					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Bishop Museum			808-847-8269			
MAILING ADDRESS (Street)			FAX			
1525 Bernice Street			808-841-8968			
(City)	(State)		(Zip Code)			
Honolulu,	Hawaii	Hawaii 96817-2704				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
She Clas Water			1/11/07			
(Signature of Authorizing Officer or Person Represented)			(Date)			